



# BRIDGEWATER TOWNSHIP POLICE DEPARTMENT

## CITIZEN POLICE ACADEMY PROGRAM 2023-Class #01 APPLICATION



LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ M.I. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE \_\_\_\_ SEX: MALE ☐ FEMALE ☐ CITIZEN: YES ☐ NO ☐

MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED

SHIRT SIZE ☐ SM. ☐ MED. ☐ LG. ☐ XL ☐ 2XL  
(MEN'S)

SOCIAL SECURITY NUMBER \_\_\_\_ - \_\_\_\_ - \_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_ - \_\_\_\_ - \_\_\_\_

HOME ADDRESS \_\_\_\_\_  
Number Street City State Zip

CELL TELEPHONE NUMBER \_\_\_\_ - \_\_\_\_ - \_\_\_\_

OCCUPATION \_\_\_\_\_

PRESENT EMPLOYER \_\_\_\_\_  
Name / Company City State Zip

PERSONAL E-MAIL ADDRESS: \_\_\_\_\_

HIGHEST LEVEL OF EDUCATION: HIGH SCHOOL ☐ G.E.D. ☐ COLLEGE ☐ OTHER ☐

COLLEGE DEGREE(S) OR  
PROFESSIONAL LICENSES? \_\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_ IS YOUR DRIVERS LICENSE CURRENTLY SUSPENDED OR

REVOKED IN NEW JERSEY OR ANOTHER STATE? YES ☐ NO ☐

HAVE YOU EVER BEEN ARRESTED FOR, CHARGED WITH OR CONVICTED OF AN INDICTABLE CRIME, DISORDERLY PERSONS OFFENSE,

OR A CITY OR TOWNSHIP ORDINANCE VIOLATION? YES ☐ NO ☐ IF YES, PROVIDE DETAILS OF EVENT, DATE AND

DISPOSITION \_\_\_\_\_

LIST ANY CIVIC ORGANIZATIONS, ASSOCIATIONS, CLUBS OR GROUPS YOU BELONG TO \_\_\_\_\_

EXPLAIN BRIEFLY WHY YOU WISH TO BE ENROLLED IN AND HOW YOU LEARNED ABOUT THE CITIZEN POLICE ACADEMY? \_\_\_\_\_

## CERTIFICATION

I certify that all of the statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that by participating in the Bridgewater Township Citizen Police Academy, I may be granted access to facilities, areas and equipment not generally available to the public. I am aware that any misrepresentation of any information supplied by me will result in my disqualification from attending the Bridgewater Township Police Department Citizen Police Academy Class. I am aware that I will be issued an identification badge for the purposes of entering the township facilities and identifying me as a participant during said academy. I understand that this identification badge can not be used for any other purpose.

***I also understand that any criminal record may preclude me from participating in the Citizen Police Academy Class.***

Further, I hereby authorize the Bridgewater Township Police Department to verify any and all information contained herein and to review any employment, education, criminal history, motor vehicle record, social media account, and other records and information from any source as noted in this duly executed authorization and release form.

I have read this Certification and I understand and agree to the conditions imposed herein.

Date: \_\_\_\_\_

Signature (IN INK) \_\_\_\_\_

Print Name \_\_\_\_\_

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DO NOT WRITE BELOW THIS LINE

CLASS NUMBER 2023-#01 RECEIVED \_\_\_\_\_ RANKING \_\_\_\_\_

CRIMINAL HISTORY ☐ MOTOR VEHICLE ☐ APPROVED ☐ REJECTED ☐ PIN ☐☐☐☐